Table 1

	High Risk (Sniffed the culture plates)	No Risk (Present within the Microbiology Lab)
No of Microbiology Lab Personnel	5	8
3 week Post Exposure Antibiotic Prophylaxis given	Yes for all five personnel (all 5 completed the course)	No
Monthly symptomatic Screening for 6 months	Yes	Yes
Baseline Serological testing	Done (all negative)	Not done
6 months follow up testing	Done (all negative)	Not done

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Brucella exposure in a microbiology laboratory in South India - Never sniff a gift fish

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Background: Brucellosis is one of the most widely reported laboratory acquired bacterial infections. Microbiology laboratory workers are at increased risk of brucellosis through unsuspected exposure to cultures from clinical specimens. Brucellosis is common in India, but no such laboratory exposure was reported in the Indian literature. Here we report our experience in managing an exposure to *Brucella melitensis* culture in a microbiology laboratory

Methods & Materials: In January 2015, a 10 year old boy admitted with the diagnosis of septic arthritis in a tertiary care hospital in South India. The aerobic blood culture was processed in biosafety level II microbiology laboratory of the hospital grew *Brucella melitensis*. Before the identification of Brucella, the microbiology laboratory personnel present in the laboratory were exposed. Emergency control measures (risk assessment, post exposure antibiotic prophylaxis, symptomatic monitoring & serological testing) as per CDC guidelines was imitated to prevent an outbreak of laboratory associated Brucella.

Results: Totally 13 microbiology laboratory personnel were present during the processing time of Brucella culture. Their exposure level and outcome was discussed in table 1.

Conclusion: The immediate notification of the exposure and emergency measures prevented the laboratory associated outbreak of Brucella in our institution. However, Laboratories in non-endemic areas must prepare for potential isolation of Brucella species and periodic education to laboratory staff about handling the specimens may prevent such exposures in the future.

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Reflection on observation: A qualitative study using practice development methods to explore the experience of being a hand hygiene auditor in Australia

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Background: The Australian Public Health Care system has adopted an observation model for auditing hand hygiene practice in healthcare workers. The data gathered is used as a healthcare service performance indicator and is publicly available. This qualitative study used Practice Development methods, in particular a values clarification tool, in order to gain an understanding of the experiences of hand hygiene auditors. These methods were also used to identify the enablers and barriers to the successful carriage of the auditors' role from their perspective. The intent of this study was for the results to inform the development of a strategy to support both the individual auditors, and the local sustainability of the hand hygiene auditing programme.

Methods & Materials: The methodology employed qualitative interpretation of focus group discussions involving healthcare workers trained as hand hygiene auditors working in nine regionally-based public hospitals and associated community-based services in New South Wales (NSW), Australia.

Results: Twenty-five participants identified congruous themes of the need for peer and managerial support, improved communication and feedback, and consideration for succession planning. There was consistency amongst participants' identified most significant barriers in undertaking the role. These findings add support to what is already known in terms of "time and resources" adding new insights into cultural issues.

Conclusion: Importantly this study provides evidence of the need to support individual hand hygiene auditors, or indeed any auditor in healthcare who has a clinical load, in order to sustain the programme beyond the training period. This research has provided an overview of the enablers required to be in place for such a programme to be a success. This is of significance as this model can be translated across any audit programme requiring observational data collection. This research will be of interest nationally and globally as there is little published on the lived experience of hand hygiene auditors.

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